



A. C. REYNOLDS HIGH

Parent Teacher Support Organization (PTSO)

PTSO GRANT APPLICATION

The PTSO encourages all ACRHS educators with focused needs that cannot be met through regular funding to submit classroom related educational requests that support ACRHS students' learning. The PTSO's funding priority will focus on classroom or core curriculum related activities first, on student experiences beyond the classroom second, and then on field trip experiences directly related to a course of study in the school's curriculum.

Please complete the following information and submit to the PTSO mailbox by Friday, 9/28/19.

Staff Name: _____ Course: _____

Email: _____

Type of Activity: Classroom Related Field Trip Date needed: _____

Number of Students benefitting: _____

Grant Amount (Up to \$200.00 per Staff Name or Activity per academic year): _____

Has PTSO funded this in the past? No Yes

If yes, list year(s) and amount(s): _____

Will PTSO receive recognition and visibility for the grant? No Yes

If yes please indicate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Morning Announcements | <input type="checkbox"/> Classroom Newsletter | <input type="checkbox"/> Event Recognition |
| <input type="checkbox"/> School website | <input type="checkbox"/> Town Crier Article | <input type="checkbox"/> Other (Describe): |

Are you available to volunteer for US Cellular Center events that directly benefit this program?

Description: Please be specific in describing the program or project, its purpose and how it will be implemented. (Feel free to use a separate sheet to attach the description.)

Success: Please describe how you will measure results of the program or project above.

PTSO Treasurer Only:

Date Rec'd: _____ Grant No.: _____ Approved? _____ Pd Check No.: _____